STATEMENT OF ORGANIZATION		OFFICE USE	_ C
Name and Address of Committee	2. Date of this Statement	PAC	
Magnolia PAC P.O. BOX 214 Norco LA 70079	1-14-15 3. Estimated Membership	\$/0 1/14	1 5
	4. Amended Statement?		5000334
Check If: New Committee Monthly Filer	Yes V No	# 896439 #1008	334
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) a. Name b. Position c. Address Chairperson Treasurer Chairperson Treasurer DODY Sanve Oaklane Liverlidge LA William A. Cunningham 6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.) a. Name b. Address c. Relationship to Committee 7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) a. Name b. Address			
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: Principal Campaign Committee Subsidiary Committee			
b. Name of Candidate		c. Office Sought by the Can	- 1
9. a. Name of Person Preparing Report			3
b. Daytime Telephone			arming and the second s
10. WE HEREBY CERTIFY that the information contained in this STATEM and belief. This 14th day of January, 2015 Roberts A. January	<u>) </u>	id correct to the best of our known in the bes	wledge, information بئ دع
Signature of Committee Chairperson Signature of Committee Treasurer, if any	50°	ime Telephone Number - 382-8728 time Telephone Number	